

|                          |                                   |                        |                                  |
|--------------------------|-----------------------------------|------------------------|----------------------------------|
| SERFF Tracking Number:   | AMMS-125744550                    | State:                 | Arkansas                         |
| Filing Company:          | Golden Rule Insurance Company     | State Tracking Number: | 39726                            |
| Company Tracking Number: | SA-S-1356R                        |                        |                                  |
| TOI:                     | H16G Group Health - Major Medical | Sub-TOI:               | H16G.001C Any Size Group - Other |
| Product Name:            | Vision                            |                        |                                  |
| Project Name/Number:     | Vision Benefit Rider/SA-S-1356R   |                        |                                  |

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Vision

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Filing Type: Form

SERFF Tr Num: AMMS-125744550 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39726

Co Tr Num: SA-S-1356R

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Jean Davis, Jennifer

Disposition Date: 07/24/2008

Konschake, Debra Schneider, Pam

Devos, Sondra Grosse

Date Submitted: 07/24/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Vision Benefit Rider

Project Number: SA-S-1356R

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Deemer Date:

## Company and Contact

### Filing Contact Information

|                          |                                   |                        |                                  |
|--------------------------|-----------------------------------|------------------------|----------------------------------|
| SERFF Tracking Number:   | AMMS-125744550                    | State:                 | Arkansas                         |
| Filing Company:          | Golden Rule Insurance Company     | State Tracking Number: | 39726                            |
| Company Tracking Number: | SA-S-1356R                        |                        |                                  |
| TOI:                     | H16G Group Health - Major Medical | Sub-TOI:               | H16G.001C Any Size Group - Other |
| Product Name:            | Vision                            |                        |                                  |
| Project Name/Number:     | Vision Benefit Rider/SA-S-1356R   |                        |                                  |

|                                 |                        |
|---------------------------------|------------------------|
| Sondra Grosse, Contract Analyst | sondra.grosse@eams.com |
| 3100 AMS Blvd                   | (920) 661-6913 [Phone] |
| Green Bay, WI 54313             | (920) 661-9861[FAX]    |

**Filing Company Information**

|                               |                         |                               |
|-------------------------------|-------------------------|-------------------------------|
| Golden Rule Insurance Company | CoCode: 62286           | State of Domicile: Indiana    |
| 7440 Woodland Drive           | Group Code: 707         | Company Type: Life and Health |
| Indianapolis, IN 46278        | Group Name:             | State ID Number:              |
| (317) 297-0358 ext. [Phone]   | FEIN Number: 37-6028756 |                               |
|                               | -----                   |                               |

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>AMMS-125744550</i>                    | <i>State:</i>                 | <i>Arkansas</i>                         |
| <i>Filing Company:</i>          | <i>Golden Rule Insurance Company</i>     | <i>State Tracking Number:</i> | <i>39726</i>                            |
| <i>Company Tracking Number:</i> | <i>SA-S-1356R</i>                        |                               |   |
| <i>TOI:</i>                     | <i>H16G Group Health - Major Medical</i> | <i>Sub-TOI:</i>               | <i>H16G.001C Any Size Group - Other</i> |
| <i>Product Name:</i>            | <i>Vision</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>Vision Benefit Rider/SA-S-1356R</i>   |                               |   |

## Filing Fees

|                  |         |
|------------------|---------|
| Fee Required?    | Yes     |
| Fee Amount:      | \$35.00 |
| Retaliatory?     | No      |
| Fee Explanation: |         |
| Per Company:     | No      |

| COMPANY                       | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------|---------|----------------|---------------|
| Golden Rule Insurance Company | \$35.00 | 07/24/2008     | 21573421      |

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>AMMS-125744550</i>                    | <i>State:</i>                 | <i>Arkansas</i>                         |
| <i>Filing Company:</i>          | <i>Golden Rule Insurance Company</i>     | <i>State Tracking Number:</i> | <i>39726</i>                            |
| <i>Company Tracking Number:</i> | <i>SA-S-1356R</i>                        |                               |   |
| <i>TOI:</i>                     | <i>H16G Group Health - Major Medical</i> | <i>Sub-TOI:</i>               | <i>H16G.001C Any Size Group - Other</i> |
| <i>Product Name:</i>            | <i>Vision</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>Vision Benefit Rider/SA-S-1356R</i>   |                               |   |

## Correspondence Summary

### Dispositions

| <b>Status</b>   | <b>Created By</b> | <b>Created On</b> | <b>Date Submitted</b> |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Rosalind Minor    | 07/24/2008        | 07/24/2008            |

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>AMMS-125744550</i>                    | <i>State:</i>                 | <i>Arkansas</i>                         |
| <i>Filing Company:</i>          | <i>Golden Rule Insurance Company</i>     | <i>State Tracking Number:</i> | <i>39726</i>                            |
| <i>Company Tracking Number:</i> | <i>SA-S-1356R</i>                        |                               |   |
| <i>TOI:</i>                     | <i>H16G Group Health - Major Medical</i> | <i>Sub-TOI:</i>               | <i>H16G.001C Any Size Group - Other</i> |
| <i>Product Name:</i>            | <i>Vision</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>Vision Benefit Rider/SA-S-1356R</i>   |                               |   |

## **Disposition**

Disposition Date: 07/24/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>AMMS-125744550</i>                    | <i>State:</i>                 | <i>Arkansas</i>                         |
| <i>Filing Company:</i>          | <i>Golden Rule Insurance Company</i>     | <i>State Tracking Number:</i> | <i>39726</i>                            |
| <i>Company Tracking Number:</i> | <i>SA-S-1356R</i>                        |                               |   |
| <i>TOI:</i>                     | <i>H16G Group Health - Major Medical</i> | <i>Sub-TOI:</i>               | <i>H16G.001C Any Size Group - Other</i> |
| <i>Product Name:</i>            | <i>Vision</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>Vision Benefit Rider/SA-S-1356R</i>   |                               |   |

| <b>Item Type</b>           | <b>Item Name</b>     | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|----------------------|--------------------|----------------------|
| <b>Supporting Document</b> | Certification/Notice | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Application          | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Cover Letter         | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Illustration         | Approved-Closed    | Yes                  |
| <b>Form</b>                | Vision Benefit Rider | Approved-Closed    | Yes                  |

|                          |                                   |                        |                                  |
|--------------------------|-----------------------------------|------------------------|----------------------------------|
| SERFF Tracking Number:   | AMMS-125744550                    | State:                 | Arkansas                         |
| Filing Company:          | Golden Rule Insurance Company     | State Tracking Number: | 39726                            |
| Company Tracking Number: | SA-S-1356R                        |                        |                                  |
| TOI:                     | H16G Group Health - Major Medical | Sub-TOI:               | H16G.001C Any Size Group - Other |
| Product Name:            | Vision                            |                        |                                  |
| Project Name/Number:     | Vision Benefit Rider/SA-S-1356R   |                        |                                  |

## Form Schedule

Lead Form Number: SA-S-1356R

| Review Status   | Form Number | Form Type  | Form Name            | Action  | Action Specific Data | Readability | Attachment              |
|-----------------|-------------|--|----------------------|---------|----------------------|-------------|-------------------------|
| Approved-Closed | SA-S-1356R  | Certificate Amendment, Insert Page, Endorsement or Rider | Vision Benefit Rider | Initial |                      |             | AR SA-S-1356R Rider.pdf |

## VISION BENEFIT RIDER

By attachment of this rider the [certificate][policy] is amended as follows:

**DEFINITIONS:** For the purposes of this benefit, the following definitions apply:

- A. *"Comprehensive eye examination"* means an examination by an ophthalmologist or optometrist to determine the health of the eye, including glaucoma tests and refractive examinations to measure the eye for corrective lenses.
- B. *"Vision benefit preferred provider"* is an ophthalmologist or optometrist who has contracted with the vision benefit network [, as identified on *your* identification card] and is licensed and otherwise qualified to practice vision care and/or provide vision care materials.
- C. *"Vision benefit non-preferred provider"* is any ophthalmologist, optometrist, optician, or other licensed and qualified vision care provider who has not contracted with the vision benefit network [, as identified on *your* identification card] to provide vision care services and/or vision care materials.

**HOW THE VISION BENEFIT PROGRAM WORKS:** Copayment, *deductible amounts* and coinsurance may differ when services are rendered and billed directly by a:

- A. *Vision benefit preferred provider; or*
- B. *Vision benefit non-preferred provider.*

See *your* Data Page for the different amounts.

We have a contract with the vision benefit network [, as identified on *your* identification card]. *Vision benefit preferred providers* agree to discount their service fees. *You or your covered dependents* pay any applicable copayments, *deductible amount* or coinsurance. *Vision benefit preferred providers* then agree to accept *our* benefit payment as payment in full for *covered expenses*..

We do not have a contract with *vision benefit non-preferred providers*. *You or your covered dependent* must pay any applicable copayments, *deductible amount* or coinsurance. After satisfaction of applicable copayments, *deductible amount* or coinsurance, benefits are limited to the applicable allowance amount listed on the Data Pages.

When the amount of actual charges exceeds the allowance amount listed on the Data Pages, the *vision benefit non-network providers* may bill *you or your covered dependent* for the excess amount.

**COVERED EXPENSES:** *Covered expenses* are payable for *you* and *your covered dependent* as shown in the Data Page and are limited to charges for:

- A. Comprehensive eye examinations. Benefits are limited to [1] exam per [12] months.
- B. [Prescription eyewear. Benefits are limited to [1] pair of prescription single vision lenses per [12] months and [1] pair of frames per [24] months:
  - 1. Spectacle lenses as prescribed by an ophthalmologist or optometrist; frames and their fitting and subsequent adjustments to maintain comfort and efficiency; or
  - 2. Elective contact lenses that are in lieu of prescription spectacle lenses and frames; and
  - 3. *Medically necessary* contact lenses and professional services when prescribed or received under the following circumstances;
    - a. Following cataract surgery; or
    - b. To correct extreme visual acuity problems that cannot be corrected with spectacle lenses.

This vision benefit program is designed to cover vision needs rather than cosmetic extras. Cosmetic extras include:

- A. Blended lenses;



- B. Oversize lenses;
- C. Photochromic lenses;
- D. Tinted lenses except pink #1 or #2;
- E. Progressive multifocal lenses;
- F. Coating of a lens or lenses;
- G. Laminating of a lens or lenses;
- H. Frames that cost more than the plan allowance;
- I. Cosmetic lenses;
- J. Optional cosmetic processes; and
- K. UV (ultraviolet) protected lenses.

If *you or your covered dependent* select a cosmetic extra, the plan will pay the *medically necessary* costs of the allowed lenses and *you or your covered dependent* will be responsible for the additional cost of the cosmetic extra.]

**EXCLUSIONS AND LIMITATIONS:** The following exclusion is removed from the [certificate][policy]

For eyeglasses, contact lenses, hearing aids, eye refraction, visual therapy, or for any examination or fitting related to these devices;

And replaced with:

For eyeglasses, contact lenses, hearing aids, eye refraction, visual therapy, or for any examination or fitting related to these devices unless expressly provided for under this vision benefit;

*Covered expenses* will not include and no benefits are payable under this rider for any charges *incurred* for the following:

- A. Orthoptics or vision therapy training and any associated supplemental testing;
- B. [Plano lenses (a lens with no prescription on it);]
- C. [Replacement of lenses and frames furnished under this plan which are lost or broken except at the normal intervals when services are otherwise available;]
- D. Medical or surgical treatment of the eyes;
- E. Any eye examination or any corrective eyewear, required by an employer as a condition of employment;
- F. Corrective vision treatment of an experimental or investigative nature;
- G. Corrective surgical procedures such as, but not limited to, Radial Keratotomy (RK) and Photo-refractive Keratectomy (PRK);
- H. [Elective contact lenses if prescription spectacle lenses and frames are received in any [12] month period;]
- I. [Prescription spectacle lenses and frames if elective contact lenses are received in any [24] month period;]

- J. Eyewear[except prescription eyewear];
- K. Charges that exceed the allowance amount listed on the Data Pages; and
- L. Services or treatments that are already excluded in the General Exclusions and Limitations section of the [certificate][policy].

[This [endorsement] [rider] applies only to *covered persons* who reside in the state of [xxxxx].]

This rider will not change, waive or extend any part of the [certificate][policy], other than as stated herein.

This rider is effective [at the same time as the [[certificate][policy], [unless a later date is shown][or June 1, 2008, whichever is later]].

**Golden Rule Insurance Company**

**Secretary**

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>AMMS-125744550</i>                    | <i>State:</i>                 | <i>Arkansas</i>                         |
| <i>Filing Company:</i>          | <i>Golden Rule Insurance Company</i>     | <i>State Tracking Number:</i> | <i>39726</i>                            |
| <i>Company Tracking Number:</i> | <i>SA-S-1356R</i>                        |                               |   |
| <i>TOI:</i>                     | <i>H16G Group Health - Major Medical</i> | <i>Sub-TOI:</i>               | <i>H16G.001C Any Size Group - Other</i> |
| <i>Product Name:</i>            | <i>Vision</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>Vision Benefit Rider/SA-S-1356R</i>   |                               |   |

## **Rate Information**

Rate data does NOT apply to filing.

|                          |                                   |                        |                                  |
|--------------------------|-----------------------------------|------------------------|----------------------------------|
| SERFF Tracking Number:   | AMMS-125744550                    | State:                 | Arkansas                         |
| Filing Company:          | Golden Rule Insurance Company     | State Tracking Number: | 39726                            |
| Company Tracking Number: | SA-S-1356R                        |                        |                                  |
| TOI:                     | H16G Group Health - Major Medical | Sub-TOI:               | H16G.001C Any Size Group - Other |
| Product Name:            | Vision                            |                        |                                  |
| Project Name/Number:     | Vision Benefit Rider/SA-S-1356R   |                        |                                  |

## Supporting Document Schedules

|                                  |                      |                       |                 |            |
|----------------------------------|----------------------|-----------------------|-----------------|------------|
| <b>Satisfied -Name:</b>          | Certification/Notice | <b>Review Status:</b> | Approved-Closed | 07/24/2008 |
| <b>Comments:</b>                 |                      |                       |                 |            |
| <b>Attachment:</b>               |                      |                       |                 |            |
| AR Readability Certification.pdf |                      |                       |                 |            |

|                        |                                |                       |                 |            |
|------------------------|--------------------------------|-----------------------|-----------------|------------|
| <b>Bypassed -Name:</b> | Application                    | <b>Review Status:</b> | Approved-Closed | 07/24/2008 |
| <b>Bypass Reason:</b>  | Not applicable, rider filling. |                       |                 |            |
| <b>Comments:</b>       |                                |                       |                 |            |

|                         |              |                       |                 |            |
|-------------------------|--------------|-----------------------|-----------------|------------|
| <b>Satisfied -Name:</b> | Cover Letter | <b>Review Status:</b> | Approved-Closed | 07/24/2008 |
| <b>Comments:</b>        |              |                       |                 |            |
| <b>Attachment:</b>      |              |                       |                 |            |
| AR Cover Letter.pdf     |              |                       |                 |            |

|                         |              |                       |                 |            |
|-------------------------|--------------|-----------------------|-----------------|------------|
| <b>Satisfied -Name:</b> | Illustration | <b>Review Status:</b> | Approved-Closed | 07/24/2008 |
| <b>Comments:</b>        |              |                       |                 |            |
| <b>Attachment:</b>      |              |                       |                 |            |
| AR Illustration.pdf     |              |                       |                 |            |

## READABILITY CERTIFICATION

We do hereby certify that in our judgement this filing is:

**READABLE** (simple sentence structure, shortness of sentences, use of common words, avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided, minimum cross references);


**LEGIBLE** (ample type size for text with contrasting type for headings and subheadings, ample space between lines, ample white space in margins and between sections, ample ink to paper contact); and

**IN LOGICAL ORDER AND FORMAT** (table of contents included, sections and subsections self-contained and arranged in logical flow, extensive use of headings and subheadings to facilitate location of particular items, outline form used where desirable for clarity).

Further, this filing meets or exceeds the requirements of the policy readability legislation currently effective in your state.

Certified by:

July 24, 2008  
Date



---

Julie A. Van Straten  
Vice President and General Counsel

# Golden Rule®

A UnitedHealthcare Company

July 24, 2008

Filed via SERFF

Ms. Rosalind Minor  
Arkansas State Department of Insurance  
Life, A&H, Annuities  
1200 W. Third Street  
Little Rock, AR 72201-1904

**Re: Filing Submitted for Approval**

Golden Rule Insurance Company  
NAIC # 707-62286  
Company Tracking No.: SA-S-1356R

SA-S-1356R      Vision Benefit Rider

Readability Certification

Dear Ms. Minor:

We respectfully submit the attached form for your approval. This form is new and does not replace any form previously submitted for approval to your Department.

Vision Benefit Rider SA-S-1356R will be used with new and existing certificates sold in your state. This optional benefit rider will be offered with a variety of options, including a variety of copay, deductible and coinsurance options, as well as optional benefits specific to each plan. An illustration of the vision benefits that will be included on the health insurance certificate Data Page is attached for your convenience. The Data Page will be tailored to reflect the vision benefits made available and selected by each primary insured.

Vision benefits may be offered with and without eyewear coverage. These variables are reflected in these forms. The rider will be available to applicants as a network provider benefit or an indemnity benefit.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Golden Rule Insurance Company  
712 Eleventh Street  
Lawrenceville, Illinois 62439  
(618) 943-8000  
[www.goldenrule.com](http://www.goldenrule.com)

Golden Rule Insurance Company  
7440 Woodland Drive  
Indianapolis, Indiana 46278-1719  
(317) 297-4123  
[www.goldenrule.com](http://www.goldenrule.com)

Arkansas State Department of Insurance  
July 24, 2008

Page 2

We appreciate your time and attention to this filing.

If you have any questions or need additional information, please contact me at 1-800-232-5432 extension 16913, by email at [Sondra.Grosse@eAMS.com](mailto:Sondra.Grosse@eAMS.com), or by fax at 920-661-9861.

Sincerely,

A handwritten signature in black ink that reads "Sondra Grosse". The signature is written in a cursive, flowing style.

Sondra Grosse  
Contract Analyst

Attachments

**Section 2  
DATA PAGE**

**[Policy Number - 999-999-999**

**Insured - John Doe**

**Plan - Individual/Husband-Wife/All Family/  
One-Parent Family**

**Total Premium - \$XXXX.XX**

**Insured Health Class - Preferred/Standard/Tobacco**

**Spouse Health Class - Preferred/Standard/Tobacco**

**[Plan [Choice] – Option A/Option B]**

**Premium Mode – [Monthly/Quarterly]**

**First Renewal Date - Month Day, Year**

**Effective Date:**

**For Injuries - Month Day, Year**

**For Illnesses - Month Day, Year**

1

**[See rider-amendment(s) attached to policy**

**[IMPORTANT: If covered expenses are incurred at a non-preferred provider, benefits will be less than the amount that would have otherwise been payable at a preferred provider. Please refer to the information listed below.]**

**[IMPORTANT: Non-preferred providers may bill you for any amount up to the billed charge after we have paid benefits due under this [policy] [certificate]. Preferred providers have agreed to discounted pricing for covered expenses with no additional billing to you other than coinsurance and deductible amounts.]**

**[VISION BENEFIT**

|  |   |
|--|---|
| Eye Exam.....  | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| Eye Exam Non-Preferred Provider .....                  | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| [Frames <sup>3</sup> .....                             | [\$25] <sup>(1)</sup> [copay] [then] [100%] [up to [\$40] allowance]] |
| Frames Non-Preferred Provider.....                     | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| [Standard] Single Vision Lenses .....                  | [\$25] <sup>(1)</sup> [copay] [then] [100%] [up to [\$40] allowance]] |
| Single Vision Lenses Non-Preferred Provider .....      | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| [Standard] Bifocal Lenses .....                        | [\$25] <sup>(1)</sup> [copay] [then] [100%] [up to [\$40] allowance]] |
| Bifocal Lenses Non-Preferred Provider .....            | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| [Standard] Trifocal Lenses .....                       | [\$25] <sup>(1)</sup> [copay] [then] [100%] [up to [\$40] allowance]] |
| Trifocal Lenses Non-Preferred Provider .....           | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| [Standard] [Lenticular] Lenses.....                    | [\$25] <sup>(1)</sup> [copay] [then] [100%] [up to [\$40] allowance]] |
| [Lenticular Lenses] Non-Preferred Provider.....        | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| [Covered-in-Full][Elective]Contacts <sup>2</sup> ..... | [\$25] [copay] [then] [100%] <sup>(4)</sup> [up to [\$40] allowance]] |
| Contacts Non-Preferred Provider .....                  | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |
| [Necessary] Contacts .....                             | [\$25] [copay] [then] [100%] <sup>(4)</sup> [up to [\$40] allowance]] |
| Contacts Non-Preferred Provider .....                  | [\$25] [copay] [then] [100%] [up to [\$40] allowance]]                |

<sup>1</sup> If you purchase Eyeglass Lenses and Eyeglass Frames at the same time from the same Preferred Provider, only one Copayment will apply to those Eyeglass Lenses and Eyeglass Frames together.

<sup>2</sup> You are eligible to select only one of either eyeglasses (Eyeglass Lenses and/or Eyeglass Frames) or Contact Lenses. If you select more than one of these Services, only one Service will be covered.

<sup>3</sup> You may purchase from your Preferred Provider Eyeglass Frames that are outside of the Covered Eyeglass Frames Selection. Non-selection Eyeglass Frames will receive an allowance. The Eyeglass Frame allowance will be [\$50] wholesale or [\$130] retail, depending upon the type of Preferred Provider selected. No Copayment will apply to non-selection Eyeglass Frames.

<sup>4</sup> You may purchase from your Preferred Provider Contact Lenses that are outside of the Covered Contact Lens Selection. Non-selection Contact Lenses will receive an allowance [of [\$105] [for elective] [contacts]] [and [\$210] [for necessary [contacts]]]. No Copayment will apply to non-selection Contact Lenses.]